

Case Number:	CM14-0123430		
Date Assigned:	08/08/2014	Date of Injury:	04/14/2012
Decision Date:	09/11/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	08/05/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 37 year old female with date of injury 4/14/2012. The mechanism of injury is stated as injury while breaking up a fight. The patient has complained of neck, back and knee pain since the date of injury. She has been treated with steroid injection, acupuncture, physical therapy and medication. There are no radiographic reports included for review. Objective: tenderness to palpation of the anterior right knee, positive Apley test right knee, tenderness to palpation of the cervical and lumbar spine, decreased and painful range of motion of the lumbosacral spine, positive straight leg raise bilaterally. Diagnoses: lumbosacral disc sprain, lumbosacral disc disease, myofascial pain syndrome, right knee sprain. Treatment plan and request: Ambien, Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Flexeril (unspecified quantity): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, pages 41-42 Page(s): 41-42.

Decision rationale: This 37 year old female has complained of neck, back and knee pain since date of injury 4/14/2012. She has been treated with steroid injection, acupuncture, physical

therapy and medications, to include Flexeril, for at least 4 weeks duration. Per MTUS guidelines cited above, treatment with cyclobenzaprine should be reserved as a second line agent only and should only be used for a short course (2 weeks); additionally, the addition of cyclobenzaprine to other agents is not recommended. On the basis of the MTUS guidelines, cyclobenzaprine is not indicated as medically necessary in this patient.